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Original Lectures.

CLINICAL GYNECOLOGY.

EXTRACTS FROM THE GYNECOLOGICAL CLINIC IN THE HAHNEMANN HOSPITAL OF CHICAGO, BY PROF. LUDLAM.

MATERNAL DYSMENORRHŒA.—*Case* 17951.—While I have been questioning this patient you may have asked yourselves why a woman who has had three children should suffer from painful menstruation? The causes are to be found within the uterus or in its immediate neighborhood, or in other words they are either uterine or peri-uterine.

Among the uterine causes of post-puerperal dysmenorrhœa the most prominent is an inflammation of the lining membrane of the cervix, or cervical endometritis. Even where the neck of the womb has been badly torn, and there is no possible narrowing of its canal, the inflammation of its lining membrane is sometimes sufficient to cause serious suffering at the date of the monthly flow. These sufferings are very much increased if the laceration and the inflammation are complicated, as they often are, with a flexion of the womb.

When the inflammation invades the uterine cavity, and takes the form of chronic metritis, the monthly period is often so painful as to make it necessary for the patient to go to bed and to stay there until the storm has passed over. The men-

strual return is the relapsing factor in such a case, and the dysmenorrhœa is a natural and a necessary consequence of the periodical congestion. Nor does it alter the fact that in most of these cases there is more or less of uterine subinvolution, which increases the pain and causes the period to set in as one of dysmenorrhœa and to end in menorrhagia.

At our clinic on Friday last you had ocular evidence, through the speculum, that this woman has cervical endometritis. You heard the story of her monthly suffering, and you will recall my remarks upon the type of "morning sickness," of which she complained. There can be no doubt that both of these sets of symptoms, the indirect as well as the direct, are due to this lesion, and the curative indication is obvious.

The peri-uterine causes of maternal dysmenorrhœa are, in the order of their frequency, pelvic peritonitis and cellulitis, ovaritis, ovarian neuralgia and salpingitis. Under the circumstances each and all of these affections date from the lying-in; and difficult as it may be to ascertain the peculiarities of each individual case, we must know what they are before we can treat this symptomatic form of dysmenorrhœa intelligently and successfully.

VAGINISMUS OF EIGHT YEARS' DURATION. CURED.—*Case* 20052—This patient was sent to the hospital by Dr. H. Parsons, of Ravenswood, Ill. She is twenty-seven years of age, and has been married for eight years. Her menses return every two or three weeks, continue for two days, and are accompanied by a great deal of pain. The function was established at thirteen. The bowels are regular. The feet, hands and face are swollen at times. The urine, which is frequent at night, is of a dark color. She can not lie on her left side on account of palpitation and dyspnœa. She has been treated for rheumatism, and also, but internally, for "womb trouble." She has never conceived, and both she and her husband insist that intromission is, and always has been, impossible. The slightest contact with the vulva always causes the severest pain and spasm of the vaginal orifice.

Dr. Parsons had already recognized the nature of the trouble, and therefore the patient was placed under chloroform and brought before the class. Under profound anæsthesia the external generative organs were found to be normal, but the finger passed with difficulty. The crescentic hymen was very firm and tough, but the vagina and cervix uteri were properly developed. The vagina and the hymen were thoroughly stretched by a narrow rectal speculum, and meanwhile free incisions were made through the latter on either side of the mesial line. The hemorrhage was controlled, and a tampon saturated with the extract of Hydrastus was placed within the vulva over the lips of the wound.

Two weeks later Prof. Ludlam reported to the clinic that much soreness having followed the operation he had advised the local use of a four per cent solution of cocaine, which had the desired effect. The hyperæsthesia and spasm of the parts had passed away; there had been no local inflammation, and the sexual act was no longer impossible.

Epithelioma of the vulva and the urethral orifice.—In some remarks upon a very extensive and serious epithelioma of the vulva and of the vaginal orifice, including the meatus urinarius, attention was called to the fact that the urinary function is very apt to be involved in cancer of the genital organs. When the disease attacks the neck of the womb the changes induced by an infiltration of the tissues sometimes obstructs the ureters as they pass to the bladder. This obstruction causes a diminution in the flow of urine, dilatation of the ureters and of the pelvis of the kidney, and resorption of the secretion, or urinæmia.

In cancer of the vagina and vulva the primary lesion is very apt to locate itself within or about the orifice of the urethra, where it not infrequently exists for a considerable time before it is looked for and identified. For this reason women sometimes suffer with strangury and frequent urging to urinate that is supposed to depend upon chronic irritation or inflammation of the parts, and which is aggravated by the return of the monthly period, by coitus, by temporary dis-

placements of the womb, and even by rectal troubles. In this poor woman's case she declares that she had suffered from these urinary symptoms for seven years when she first came to this clinic three years ago. At that time I examined her locally before the sub-class, and found a patch of epithelioma beneath and around the meatus. She had then been in the habit of urinating very often, and at night especially, almost incessantly. The impulse to void the urine was irresistible, and at times she had to respond to it as often as three times in ten minutes. She insists that at night she never went longer than a half hour without this call, and that many times she had been compelled to sit up all night on account of it.

We prescribed *Merc. corrosivus* 6, and made no local application whatever. In a very few days her urinary symptoms were so improved that her nights could be spent in bed, with good sleep, and no necessity of getting up more than once or twice. The local irritation soon passed away, and only a kind of scar remained about the meatus. She took no other remedy, but after the symptoms had left she always kept herself supplied with it. For two years she had occasion to take a dose now and then with prompt relief.

Until now she has not visited the clinic for more than a year. The urinary symptoms are returning. She has been out of medicine, and she complains of burning, stitching pains about the vaginal orifice, with excoriation from a nasty discharge that is almost constantly flowing over the parts.

Local examination before the sub-class revealed a fully developed epithelioma of the vulva and of the whole vaginal orifice. The mucous surface was badly ulcerated, tunneled, very tender and covered with a grayish yellow ichorous discharge. The meatus was corroded and eaten away, and the labia and the mons veneris were infiltrated with serum.

The points of clinical interest were the first recognition of the local lesion, the confirmation of the diagnosis three years later, and the prompt and unmistakable effect of the single remedy without the use of any local adjuvant. The differential diagnosis between epithelioma and syphilitic ulceration of the

external genitals was not given, but was deferred to another lecture.

Retro-version following perineorrhaphy and subsequent labor.—*Case* 20004.—This was a case in which an extensive laceration of the perineum had been operated upon by her former physician three years before. The cicatrix showed that the rent must have been an extensive one. It also showed that the union of the parts included little more than the integument, for there was a deep sulcus behind the cicatrix, and between it and the crest of the rectal septum, at which point there was a well developed rectocele. The passage of the uterine sound shows that the womb is badly retroverted. She also has an extensive laceration of the cervix and chronic constipation.

This is one of a class of cases that are frequently seen, and concerning which one might be tempted to reflect upon the doctor who had made the first operation for restoring the perineum. It really looks as if the sutures which had been passed in this case had not gone deep enough; and as if this projection of the recto-vaginal septum, which has developed into a rectocele, had not been included in the operation. This is the fault in a majority of cases in which the primary operation is made; and it is the great defect with those who make the secondary operation, unless they have had the proper training and experience in making it as it should be done.

But the subsequent history of this case suggests a charitable explanation of these conditions. For the fact is that, no matter how well this operation might have been made three years ago, the two labors she has had since this perineum was healed have had the effect to mutilate the parts, and to destroy the good results of the operation. It is even possible that this perineum may have been torn anew on the inner side, without rupturing the integument. So that we are not warranted in criticising whoever it was that first closed the perineum in this case, or in condemning his method of operation. This much I am bound to say without knowing, or caring to know, who it was that made it.

What is the remedy for this condition? So far as the perineum is concerned two methods of operation present themselves. We may freshen the mucous membrane lying within this cutaneous border, and lining the pouch between it and the rectal summit, and afterward stitch it up by Emmet's method. This would leave the external cicatrix as it is. The objection to that plan in this case would be that it would probably fail to dispose of the rectocele (which is not a very large one), and so to shorten the recto-vaginal septum as to aid in the cure of the retro-version. This method is an excellent one, but it is not suited to all cases indiscriminately.

The better way in the case before us would be to lay open the old wound very freely, to dissect out the cicatrix, and to proceed as if the former operation had not been made. By this means more thorough and satisfactory work can be done. For this cicatrix, which has resulted from an operation in which the edges of the wound were brought together and so secured that union by the first intention was the result, is a very different scar from one that follows a closure of the rent by granulation. In the former case the foreign tissue can usually be removed without narrowing the parts, and increasing the difficulties of the operation and the risk of an indifferent result. In the latter it is a very easy matter, unless one is very careful, to make things worse instead of better.

LACERATION AND STRICTURE OF THE UTERINE CERVIX WITH HYPERPLASIA.—This is another case of maternal dysmenorrhœa. We submitted this patient to a careful local examination at our Friday's clinic, and there can be no mistake about the diagnosis. It might puzzle some of you to explain the coexistence of laceration with a stricture or narrowing of the cervix, but you should not forget that, whether they are large or small, these rents in the cervix do not extend beyond the vaginal roof. They therefore involve the vaginal cervix only. Now the internal os is at the upper end of the abdominal cervix, and this part of the organ might be narrowed while its lower portion was gaping.

The causes for a stricture at the internal os are the same

whether the external orifice is torn or not; and this fact should always be borne in mind not only with reference to the diagnosis, but also because the treatment must accord with the facts in the case. I am satisfied that the failure to cure some of these cases by Emmett's operation is due to the coexistence of hyperplasia with laceration of the neck of the womb. In some cases, no doubt, those who have made it have confounded hyperplasia with subinvolution, and have hoped to dispose of the whole uterine lesion by stitching up the cervix, a result that usually follows in a simple case of subinvolution. But the careful gynecologist would go to work to cure or to remove the induration of the tissue in a case of hyperplasia before operating. He would realize that the lesion is a very different one from a mere lack of physiological involution, and would not attempt to heal the laceration until the parts concerned were in a proper condition.

If you will remember that in subinvolution the depth of the uterus is increased, that there is menorrhagia, increased pelvic weight and distress, uterine leucorrhœa, and a patulous condition of the internal os, with an easy possibility of passing the uterine sound, unless the organ is flexed, as it often is, you will have the chief points of differential diagnosis. The opposite conditions will be found in hyperplasia. *Tartar emetic* 3 three or four times a day.

Clinical Society Transactions.

JOSEPH P. COBB, M. D., SECRETARY.

The regular monthly meeting was held in the Grand Pacific Hotel, Saturday evening, September 3. Dr. George F. Shears, President, in the chair.

Drs. E. Z. Bacon, E. L. Green and W. P. MacCracken were elected to membership.

REPORT OF THE BUREAU OF DISEASES OF CHILDREN.

DR. W. E. REED, CHAIRMAN.

I. Cows' milk as a factor in producing gastro-intestinal troubles in infants and children—By Dr. W. E. Reed.—The artificial feeding of infants is a subject which has occupied the attention of the medical profession, and an evidence of the extent of attention given the subject may be measured by the number of "prepared" foods now on the market, each one claiming to be the "perfect" substitute for the natural food of the infant.

It has been said that "there is nothing on which some infant will not thrive," which fact may account for the number of preparations and for the basis of their claims.

Another fact may be considered here, that an infant is born to live and that it will live if it has the least possible chance.

It is with a desire to provoke discussion that I present this subject, and not to present any new or original ideas.

In comparing the mortuary records of the large cities, and the country, we find a preponderance of deaths from gastro-intestinal troubles, in hot weather, to be in the cities, while the country is comparatively free.

Statistics show, other conditions being equal, the greatest mortality from gastro-intestinal troubles to be in the so-called "bottle-fed" babies. Out of 591 cases of fatal diarrhœa, recorded by one observer, only twenty-eight received breast milk. Of 200 fatal cases of diarrhœa observed at the West End Dispensary, of Boston, only seventeen received breast milk. In view of these facts we must look to artificial feeding as the cause of this excessive mortality.

As cows' milk enters into, or forms the principal substitute for the natural food of the infant, we have selected this element as the subject for our investigation. Other elements enter into or favor the production of these troubles: Overfeeding, too great a percentage of starchy food, and lack of proper care and cleanliness in the preparation of the food for the infant. One writer on the subject says:* "It is not so much a matter of importance which food we feed, natural or artificial, as how that food is given, and to what extent it is contaminated, and the superiority of the natural food consists in the fact that it is free from germs, and that by destroying this germ the difference between natural and artificial feeding will be to a great extent done away with." It is claimed that breast milk is superior, from the fact that it is taken into the stomach without having been exposed to the air, and this is verified by the fact that calves fed from a pail during the first weeks of life contract diarrhœa, and this condition is remedied by allowing them to suck the cow. Thus it appears that as an animal fluid exposure to the air causes a change, which to the stomach of the calf causes an unnatural condition. Another fact in support of this is that children suffering from intestinal troubles, on going to the country and taking milk direct from the cow, and before the animal heat has left it, have been able to digest this milk where they could not digest the milk given them in the city.

We therefore take the ground that it is the change taking place in this animal fluid, which has an influence in producing gastro-intestinal troubles in infants and children. The composition of the fluid favors this change.

*Prof. Soxhlet, Munich.

Milk kept in closed cans and exposed to atmospheric heat develops, according to Prof. Vaughan, a "ptomaine" called the "tyrotoxicon," and the result of taking milk containing this element was illustrated at Long Branch, a year or so ago, when a number of people were poisoned from using it. Milk served in the cities represents the milking of twelve hours previous to its distribution. This is maintained at a certain temperature until shipment, and through the process of transportation and distribution the temperature will rise above that which it has been maintained at, and by the time it is ready for the infant stomach, time and temperature have done their part in bringing about a change. Another danger arises in the use of this element, and it is that proper care is not exercised in the ustensils used in transportation and serving to the consumer. Milk may be apparently fresh, and yet be on the verge of "turning" when taken into the stomach, which condition will find in the stomach ample opportunity for change or development. Atmospheric heat does not in itself produce the increase in infant mortality, for in the country where the temperature is as high, there is not this excess in infant mortality. Infants do not die directly from the heat; but few cases are known where heat was the direct cause of death. The condition of the atmosphere in the vicinity of large cities is claimed by some to be productive of intestinal troubles from the influence of various gases, but why this condition should single out the "bottle fed," we are not informed.

The effects of the excessive heat on digestion, and at the same time on the food taken, is the probable cause of increased mortality in hot weather.

The effects of cold on the cutaneous nerves is to increase internal temperature, and, in the effort to maintain external temperature, more oxygen is consumed, and the functions of nutrition are put to greater activity.

The influence of heat has the opposite effect; when the difference between the temperature of the body and the atmosphere is less, there is less excitation of these nerves, and the change in tissue metamorphosis not so great. Hence the func-

tions of nutrition are not as active, and the danger of overfeeding and taking into the stomach elements difficult of digestion is increased. Now as cows' milk is richer in solid constituents, which are caseine and butter, and, in the process of digestion, the watery elements of the milk are readily taken up by the stomach, leaving the solid elements precipitated, and whose function it is to stimulate the secretion of the gastric juice, and which should re-dissolve this mass by its action, but which from being difficult of digestion causes an excessive quantity of gastric juice to be secreted, which becoming more acid prevents the very object for which it labors and to which is added the condition developed in the food before its entrance into the stomach of acid fermentation, the mass is rendered impossible of digestion, and it is left for the germs to multiply and decompose it in the stomach and intestines of the child. Is it strange that after repeating this process, day after day, symptoms of poisoning by fermentation and putrefaction should develop. Starchy food taken with cow's milk, and in excess of the amount, capable of digestion, by the infant, acts in a manner favorable by holding in suspension or separating the caseine into flakes, which are carried off by the intestines with less nutrition. The process of "sterilizing" milk has proven what the influence of the air and germs will do in producing change. By this process milk can be kept three to four weeks, and has had the effect to produce normal evacuations in those when the trouble had reached an advanced stage. We find that when means have been taken to prevent contamination and change, intestinal troubles have been prevented, and, when already existing, have been relieved. We conclude then, that cow's milk, though not the sole cause in producing these troubles, has an important influence.

To sterilize milk a series of bottles, containing about six ounces each, and capable of withstanding heat, are fitted into a frame; when filled with the milk, are placed in the water for boiling. The mouths of the bottles are closed by rubber corks. Through each cork passes a glass rod to close the aperture after boiling. The bottles have usual feeding bottle

attachments. The bottles are immersed in water to the neck, and the water made to boil. When the fluid has expanded, the glass rods are forced into the corks, and the bottles completely closed. The water is kept boiling for thirty-five minutes, when the bottles are taken out and allowed to cool. When required for use, a bottle is taken, immersed in water which is brought to the temperature of the body. The cork is quickly removed, and the feeding tube inserted. Milk treated this way will keep for several months.

Discussion.—Dr. Davidson—I have been very much perplexed with cases of summer diarrhœa in children where an acid condition of the stomach and bowels was present. I have tried various substances mixed with milk for the relief of these little sufferers. The prepared foods, however, with the exception of Reed & Carnricks and Nestle's Milk-food, have been of little service to my patients.

Dr. B. L. Reynolds—At the Home for the Friendless I have used condensed milk to the exclusion of city milk and prepared foods, for infant feeding. During the last two years, with all the children that we have there, not a single case of cholera infantum has developed. Prior to that time city milk was used exclusively, and cholera infantum and gastro-intestinal disorders carried off the children to the number of six or eight every month during the summer.

Dr. N. C. Kemp—My experience has shown that cow's milk often disagrees. I have been at a loss what food to use. At present I have under my care a child who is suffering with a dysenteric diarrhœa. I would like to inquire what remedies have this season been found most frequently called for.

Dr. Davidson—*Merc. cor.* I always think of when dysenteric stools with much tenesmus are present; *Arsenicum* for prostration, restlessness and thirst; *Aethusa cyn.*, for uncontrollable vomiting; *Veratrum alb.*, vomiting of curds and passages from the bowels containing large curds.

Dr. B. L. Reynolds—At the "Home" diarrhœa has been more prevalent among children from two to three years old, with very copious, thin, watery, green stools, which ran

through the napkins, sometimes in little pools on the floor. *Podophyllin* 3. dec. trituration has not failed me in a single instance. It was repeated every two hours until the quantity, consistence and color of the passages had changed, after which its use was soon discontinued. These cases invariably occurred in those children who had been fed on cow's milk before they came to us, or who were allowed to take it at the table.

Dr. Shears—The question what is the best food for an infant who has been deprived, through accident or design, of the mother's milk, has been answered so far as I am concerned, "cow's milk." Admitting many of the dangers presented by the essayist, I still feel assured that when of good quality and properly prepared it is, for the majority of children, theoretically and practically, the best substitute. I limit this statement you may observe by two conditions, the first of which is that the milk be of good quality. In order to fulfill this condition the cow must be healthy, and must so live that the function of lactation may be carried on normally. No swill-fed cow, or one that is kept constantly in the stable without the natural amount of exercise, can produce good milk. The cow should be fed upon grass or dried foods, and live as is natural in the open air. The second condition that the milk should be properly prepared is an important one. I do not refer to the necessity of using fresh milk, and observing cleanliness, for these are requirements recognized by all, but to the necessity of remembering the relative difference in the quantity in the constituents of cow's milk and mother's milk in the preparation of the food. Cow's milk contains twice as much caseine as mother's milk. In order to overcome this difficulty the milk must be diluted with an equal quantity of water. This, however, reduces the amount of sugar and fat below that of mother's milk, and must be met by the addition of sugar of milk and cream. When therefore the quantity of caseine has been satisfactorily reduced, and the sugar and fat increased, a food is obtained more like mother's milk than any other food, and, if administered regularly and not too frequently, better adopted than any other to support the child.

When the milk of a known cow can not be obtained, my experience has led me to follow the plan, which, according to Dr. Reynolds' testimony, has proven so successful in the Home, and to make use of condensed milk. My only objection to it is the tendency it has to produce constipation. In the case of a little child, eight months of age, under my care for chronic diarrhœa, no food agreed except the condensed milk. The child thrived, but the constipation was very annoying. One evening the supply of condensed milk failed, and as a temporary expedient the mother resorted to Nestle's Food, which had been previously tried for the diarrhœa, and failed. The next morning the child had a natural movement from the bowels. The mother reported to me, and I suggested the trial of Nestle's Food once a day, at night. The good result seemed permanent, and the child continued the two foods, the bowels acting naturally, until it was no longer necessary to use milk as a diet.

Dr. R. Ludlam said that the consideration of such subjects as Dr. Reed had presented was, in his estimation, very important. Manifestly the best-chosen remedies often failed of effect, because the conditions were not favorable. Many, if not most, of these gastro-intestinal diseases of infants are avoidable by the proper regulation of the diet, and many of them also are curable by the same means.

The essayist has done a good service in calling attention to the use of cow's milk as a factor in infantile diseases. He has omitted all reference to the health and habits and diet of the cow; the honesty of the dairyman and the dealer, and the disparity between the ages of the animal and of the baby who was being fed with the cow's milk. These are topics which have been discussed by others, and by all of us before now. The main indictment against the use of this substitute for the mother's milk that has been presented to-night concerns the delay in distributing the milk after it has been drawn, its exposure to the action of the atmosphere, and to other contaminating influences meanwhile, and to a lack of care in keeping it clean. Good, healthy, fresh and clean cow's milk is not necessarily a poison; but the stuff that is

furnished to us in town and called by that name, when it is from a day to a week old, and when it has been churned by carrying it on the cars, and in wagons over our rough streets, is a fluid that a decent cow would be ashamed of.

In this view he would submit that the title of the paper should have been "City milk as a factor of disease, etc." A recent writer had insisted that the green color of the discharges in the bowel affections of children was due to a special microbe for which lactic acid was the best remedy.

Dr. H. P. Holmes—I have been much interested in this paper and the discussion, for there are few things in the practice of medicine that have given me more trouble than this question of diet for infants. I believe Dr. Reed said a true thing when he said "the babies came to stay;" and I believe they will stay (as a rule) if they have half a chance. I will say this much for city milk. I live in one of the finest dairy regions in the State, and our farmers ship large quantities of milk to this city. The method is as follows: On farms, with large dairies, they commence milking about 5 o'clock in the afternoon, and this lasts upward of two hours. The milk is put into eight-gallon cans and immediately set in tanks of cold running water, and kept there during the night. The morning milking begins about 4 o'clock. This milk is cooled at once, and the whole lot put on board the cars about 8 o'clock. It arrives in the city about eleven in the forenoon, and is then emptied at once into a general receiver, and kept at a low temperature. This is the milk that is delivered "fresh" at your doors in the evening, half of it twenty-four or more hours old. With us who keep our own cows and take the best of care of our milk, we often find it impossible to keep it twenty-four hours without souring in the hot, sultry weather; and this fact shows the difficulty in getting fresh, sweet milk in the city. The nature of the business makes it impossible for you to get it fresh. In such a case were I to decide the matter in the diet for an infant, I should advise condensed milk instead of "city milk," as the condensed milk must be absolutely clean and pure. The condensing process intensifies any impurity which may be in the

milk, and renders it unfit for use. In the Elgin Condensing Factory they are very particular about the milk they buy. It must not be milked in the same place where the cows are stabled, as milk taints very easily. A can of milk can stand in a cow stable but a few minutes without tasting and smelling of the stable; while this does not interfere with its use for butter or the table, it ruins it for condensing. So condensed milk represents absolute cleanliness and purity.

Dr. Hall said: In reference to infant feeding, I believe time is often wasted in trying different kinds of food; if the trouble is an attack of indigestion the proper remedy will relieve that condition.

Dr. Skiles—Peptogenic milk-powder has been of service to me in aiding the digestion of children.

Dr. Reed—Peptogenic milk-powder I have tried at times with benefit, and at other times I have found that children tire of food thus prepared, and finally refuse it altogether. I have had the best success with Mellen's Food. For children troubled with constipation I have found that a food largely composed of starch was at times just the thing.

Murdoch's liquid food added in small quantities to other preparations has at times given me decided satisfaction. I have used it with milk, with Mellen's Food, and in water.

The malted-milk food seems to me to best fill the requirements of a perfect baby's food. Reed & Carnricks is much the same.

II. The effect of an adhered prepuce on diarrhœa.—By Dr. H. P. Skiles—I will give a few cases which have been of very great interest to me during the past spring and summer, and if they would help any one in the retrieving of a severe case I shall feel doubly repaid for reporting them.

Case 1.—I was called about the 1st of March to see Baby B., a boy, sixteen months old, and found that his bowels had been quite loose for twenty-four hours, and that he had always been a fretful baby. His bowels were now moving about once every hour.

Prescribed *Merc. sol.* and *Chamomilla,* alternately, every hour.

I called the next day and found that his bowels were moving more frequently, and that his general appearance was not so good. I prescribed *Arsenicum* and *Chamomilla*; on the third day I found that his symptoms were quite alarming, and according to the progress he was making, I did not think he would last more than from twenty-four to forty-eight hours before the end would come.

I requested that the child might be undressed, so that I might examine him more thoroughly, and find, if possible, some clew as to why I was disappointed in my patient not improving, or anything to be done besides giving medicine. The only thing that I could see that ought to be taken care of was a long and tight prepuce. I could not see that that would help him out of his present difficulty, but did not think it would do him any harm. I therefore concluded to give him the benefit of the doubt, and with an ordinary silver probe and cosmoline, I loosened and retracted the prepuce back to the entire gland. I continued the *Ars.* and *Cham.* I called the next day and to my astonishment found a decided improvement in every way, the evacuations having rapidly decreased in frequency.

Forty-eight hours from the time I retracted the prepuce I found his bowels in a normal condition, since which time he has been quite well.

Case 2.—Mrs. B., the morning of July 30, carried her baby, a boy, three and a half months old, to my office. The boy was taken, about the 1st of February, with convulsions, and has been ill ever since; has had fever, the bowels were quite loose, and some days she tells me he would lie a whole day in a spasm. At this first visit the child had a high fever, rolling his head from side to side.

Has had six convulsions the preceding twenty-four hours. The bowels move from ten to fifteen times a day, and he passes urine very frequently. The bowels have been loose ever since he was taken ill. On inquiry I found that his bowels were normal before the 1st of February, but that he had always passed urine very frequently. Found a long and very tightly adhered prepuce, which was with difficulty retracted. The ordinary remedies were administered—*Bell.*, *Merc. sol.* and *Chamomilla.* The baby was carried to the office every day, each day the mother bringing as she said a better boy. At the end of one week he had two convulsions in quick succession; the prepuce was again retracted and in a few days more the child was entirely well.

Case 3.—Baby W., a boy, three weeks old, was carried to my office, the last of July, for "summer complaint." The bowels have been too frequent for only twenty-four hours. I found a short prepuce, but it was adherent, and therefore there was a history of frequent urination.

With the probe the adhesion was broken up, and in twenty-four hours the baby was in a normal condition, and so has continued since that time.

It has been my habit during the present summer to examine every boy baby to whom I would be called, and if there was any difficulty in the form of an adherent prepuce, I relieved it, and I have had the satisfaction of not losing a single baby. And more than this, a case that a year ago would take me from three to ten days to control, has this year been controlled in from one to three days.

At first, as I have indicated, I could see no reason why a tightly adhered prepuce should affect a child with diarrhœa or cholera infantum, any more than with any other disease. But on further study, I think we have a reason for it. Anatomically considered, we have in the penis a branch of a nerve that supplies the rectum also. And if we have an inflammation in one eye, we know from the universal experience of every oculist that, unless that inflammation is controlled, sooner or later the other eye will become inflamed. So it seems to me that if by a tightly adherent prepuce we have a sub-acute urethritis, it is altogether probable that, sooner or later, we will have a sub-acute proctitis, which will be the cause of either diarrhœa or constipation, according to the extent of the inflammation. Therefore, it seems to me that, if the general practitioner, as he goes from house to house, will take a little precaution, he can very often prevent, which is certainly preferable to curing, disease.

Discussion.—Dr. Holmes—In my experience this has been the usual condition of male infants.

Dr. G. A. Hall—I am glad that one of our number is in the habit of examining infants in this particular. It is well to examine them before we give our opinion, and to be careful about reporting such measures as means of cure. Ludicrous mistakes have sometimes been made in this way.

In not one child in ten thousand, at birth, can the prepuce be readily drawn back, yet if the meatus can be easily and fully exposed, that child needs no operative influence. If, however, there is a collection of smegma under the prepuce, then it should be loosened, cleansed, and anointed with some bland unguent. Spasms and other irritable conditions are often due to trouble existing at the point indicated.

Dr. Shears—I have many cases recorded in my case-book, showing the many reflex troubles caused by an elongated and adherent prepuce. One very similar to the cases reported by Dr. Skiles I now recall. A little baby was troubled from birth with diarrhœa, having daily from fifteen to twenty passages. I gave a number of remedies during the first three weeks, but without effect. At one of my visits I was told, upon inquiry, that many of the passages seemed to follow an attempt at urination. I examined the prepuce, and found it elongated, adherent, and the orifice contracted. I circumcised the child, and the diarrhœa was cured in twenty-four hours. This seemd to me a valuable discovery, and led me to examine the genera tive organs in every case of persistent diarrhœa in the male infant, and to advise circumcision whenever an elongated or adherent prepuce was found. In some cases operation was permitted, and in some cases it was not. The subsequent history of these cases showed that in many cases, where the operation was made, the diarrhœa was not cured by the operation, and in some cases in which no operation was made the diarrhœa was eventually overcome. My experience led me to be cautious in deducing general rules, and to be more careful in looking for indications that would point to the generative organs being the cause of the trouble.

Dr. R. Ludlam—Since Dr. Lewis Sayre, of New York, first directed attention to this lesion as a cause of intractable nervous disease in children, about eight or ten years ago, we have had occasion to resort to the expedient of which Dr. Skiles has spoken. In one case especially my colleague, Dr. Crawford, found it of very great service; but the cases to which it is adapted are not very numerous.

Dr. Skiles—In my cases remedies were also administered, and I do not claim all the credit for the operative measures.

III. Hysteria in children.—By Dr. R. Ludlam, Jr.—The increasing interest that is shown in the subject of hysteria is our warrant for a short review of this excellent work.* It opens with a brief history of the affection in general; insists upon its recognition as a morbid entity; refutes the theory that its symptoms always depend upon uterine, ovarian or other pelvic and sexual disorders; and quotes from various authors as Hoffmann, Cullen, Raulin, Landouzy, Lepois, Briquet, Georget, Beau, Charcot and others to show that children are not exempt from it. Of the causes assigned, the first and most important is the remarkable susceptibility of the young child to external impressions, and to the various causes of mental excitement by which it is surrounded. This impressibility, which varies in different children, is more marked in the case of girls than of boys, but neither sex is exempt. The brain of these young subjects is not always well-balanced, and the ability of the child to reason before its cortical portion has been developed is not to be expected. Heredity has its influence in causing this form of hysteria, the clinical rule being that the alcoholic habit in the parent often predisposes to epilepsy, while the children of those who are subject to mental alienation are prone to hysteria. Out of eighty cases of hysteria in children, Briquet observed that twenty-eight had relatives who were hysterical.

Whatever the predisposing cause, and whether the influence comes through the father or the mother, the social condition, education, and various moral influences may favor the development of this disease.

"Hysteria is common in those children whose education has been badly managed. The weakness of those parents who are afraid to oppose the tyrannical wishes of the young boy or of the little girl, has a very bad effect. The 'spoiled child', who has been accustomed to having his own way in everything, will suffer from the hardships of life to which he has not been accustomed, and from painful emotions which are out of proportion to their cause. An acquired sensibility may thus be developed into a predisposition.

*De l'Hysterie chez les Enfants, par Paul Pengniez, etc.

"The same is true of the habit of frightening children frequently by the narration of stupid stories with which the nurses sometimes entertain them. Envy, jealousy, sentimental books and certain novels, and some books of poetry, should also be classed among the predisposing causes. Likewise bad treatment, especially of those passions or moral affections which influence the brain in a disagreeable way; for this organ must suffer before it can so react upon the general system as to provoke hysteria."

In seventy-nine cases of hysteria occurring in children under thirteen years of age, the exciting causes most frequently noted were abuse by parents and relatives, falls, accidents, sudden and unexpected shocks, and painful emotions of various kinds. This explains the occurrence of infantile hysteria, in schools for young boys, and in convents for young girls.

The symptoms which are carefully considered by the author are divided into those which are proper to the nonconvulsive form, and those which belong to the convulsive variety. Of the first he says:

"According to M. Legrand du Saulle, the perceptive faculties are first attacked in these young hysteriques. Their constant thought is to call the attention of others to themselves. An impression which would have no effect upon a healthy child causes the hysterical one to fall into a condition of depression, which nothing can overcome. A broken whip, a disappointment in going out to walk, or a slight remonstrance will cause him to become sombre, taciturn, to leave his companions at play, to seek for solitude, with his features contracted, and the tears ready to flow. The more the parents and those about him are struck with his changed humor, the more he persists in the part he has taken; and wishing to console him, or trying to make him more gay while crowding about him is the worst thing that can be done. Let him alone, and do not notice his bad humor, pretending that you do not see it, and the child whose mind is intact will soon perceive that he is in the wrong. Suddenly coming out of the torpor into which he has fallen he will become himself again, under the slightest pretext, and sometimes without any excuse. Some days later, the same day perhaps, or the next day, the mental balance being upset, the same symptoms may return, but possibly in an opposite way. Then follows an irrepressible propensity to laugh with decided manifestations of delight, which symptoms soon disappear as they did before."

Sometimes there is no such palpable motive, but he is querulous, and develops an antipathy to parents and relatives. He shows a strange liking for those who are neither attractive nor agreeable, just as with other hysteriques. These young subjects "distinguish themselves in all their studies, especially in music, and in drawing, for which they possess a natural talent of imitation. They wilfully practice the habit of lying, and have an instinct for comedy."—*Simon.*

"In young hysteriques this lying propensity is very pronounced. They relate the stories that they have forged on purpose for the recital, and they lie as if it were from the love of the art of doing it. Their exaggerated stories are prepared expressly to excite the attention of those who hear them. Sometimes their falsehoods are intended to interest the hearer in an exaggerated story of their sufferings, whether they are real or imaginary. Thus, a little girl of ten years is siezed with a very severe frontal headache which persists for some months, and resists all remedies, including hydropathy, but suddenly disappears on the advent of an attack of spasm of the larynx and pharynx with a rough, barking cough. In this case several physicians, who were consulted, did not hesitate to decide upon a grave prognosis, first having recognized an affection of the nervous centres.

"Another little girl of six years, jealous of her little brother, complains of pain in the head, vertigo, vague neuralgic pains, and photophobia. She refuses all food, is afraid of the least noise and of the light, and the pulse becomes quicker at the doctor's visit. After four days of this experience the deception is detected, the little actress is compelled to get up and eat and walk, and all the symptoms which had caused no little anxiety disappear as by magic. This child has now become a young lady of sixteen, and she is often siezed with spasms and with hysterical movements of a convulsive nature.

"A boy of thirteen complained for nine months of headache with photophobia, hyperæsthesia of the scalp, anorexia, constipation, and difficulty in walking. It was observed that the child exaggerated all the painful symptoms whenever they were noticed by others. After a course of moral treatment, in which the indifference of the parents and the doctor played the principal part, the little fellow was entirely cured.

"A little girl who for eighteen months had had convulsions, and for six years a spasmodic cough with a sensitive

condition of the epiglottis, complained, from the time that she was eight and a half years old until she was ten and a half, of a very intense headache. This complaint was especially pronounced whenever she could attract the attention of her mother, and of her physician. She was whimsical, and had an irritability which did not comport with her age, refused to eat, and soon had the hysterical choking, dysphagia, with symptoms of nervous hydrophobia and general convulsions, conditions to which nothing but a moral treatment was adapted.

"Here we see the evidence of lying with a double object: (1) to attract the attention of those who were about the patient; (2) to deceive the doctor."

Although the mind is rarely attacked, it sometimes happens that, as with adults who are subject to hysteria, there is a decided impairment of the memory, with double consciousness. A marked illustration of this condition is cited from Azam of Bordeaux:

"A young boy of twelve or thirteen had suffered from various hysterical attacks since he was five years old. He had had spasmodic and paroxysmal cough, chorea, hiccough, convulsions and slight attacks of paralysis. Finally he had terrible hallucinations and a sudden loss of memory, during which he could no longer read, write, nor count; he had forgotten the past, conversed badly, did not recognize his surroundings, and knew no one except his father, his mother, and one or another of his brothers and sisters, but not always the same one. He still knew how to drive a carriage, to mount a horse, and to say his prayers, for he was of a decidedly religious turn. At the end of three weeks this amnesia ceased abruptly, and, as if a veil had been torn away, he suddenly came to a complete realization of the past. During the period of amnesia both printed and written letters appeared to him as signs without value; but suddenly they had their proper meaning, and he did not need to learn to read again by a slow process. The same thing was true of his writing, and of the recovery of his other attainments. This experience repeated itself four times in two years; total and periodic amnesia in alternation with attacks that were decidedly hysterical, such as paralysis, contractures, fits of suffocation, neuralgia, a barking cough, fits of fright, etc. There is no doubt that in this child's case the disorder of memory was a hysterical neurosis."

The author very properly emphasizes the importance of noting the early symptoms, whether they are psychical or physical, of infantile hysteria. It is the lack of care at the period of invasion that renders the nature of the disease so difficult of recognition and of cure.

Apropos of the discussion on œsophageal spasm at the last meeting of this Society, Case 19 is one of hysteria in a boy of ten years, who was effeminate, subject to vomiting, to a progressive weakening of the legs that finally sent him to bed with diminished mobility and complete anæsthesia of the inferior extremities. There was also paralysis of sensibility in the pharyngeal region. He lost flesh and soon could not be induced to swallow anything. A tube was passed with some difficulty through the œsophagus, and for three months he was nourished in that way.

Other cases, of which there are twenty-six in all, and clinical points and suggestions to which there is almost no end, are given in this valuable book. We have space only for the very practical conclusions which are stated as follows:

1. Hysteria is not rare among children.
2. The chief predisposing cause of infantile hysteria is heredity.
3. The disorders of the perceptive faculties are among the first symptoms of the disease.
4. The symptomatology of hysteria is almost exactly the same with the child as with the adult, whatever the sex may be.
5. The treatment is more likely to succeed in the case of a child than with the adult.
6. The earlier the diagnosis is made and the sooner the treatment is begun, the better the prognosis.
7. The most active and efficient treatment is by isolation.
8. Infantile hysteria sometimes prevails as a kind of epidemic.

IV. The surgical treatment of ilio-pelvic abscess in children.—By Dr. E. S. Bailey.—*Apropos* of the Report on the Diseases of Children I should like to narrate a case of ilio-pelvic abscess belonging to the clinic of Mr. Owens of London.

The history of the case is very meagre; the exciting

cause unknown. The patient, a girl of eleven years, was of scrofulous diathesis and very much emaciated. The symptoms were as follows: Hectic flush, intense thirst, frequent moaning, high fever. There was no vomiting. Inspection showed a small enlargement in the right iliac region, with very slight fluctuation. Pain so severe that the child dreaded the approach of anyone to the bedside, and with her hands protected the parts from the contact of the bedclothing. Very little tympanitis. After a diagnosis of abscess had been made and confirmed by the examinations of visiting physicians, the child was placed under the influence of chloroform, and the surface of the abdomen thoroughly cleansed by scrubbing with warm water, soap, etc. An incision two inches in length, one inch above and following the side of Poupart's ligament, and about midway between the crest of the ilium and the pubes, was then made through the skin and the underlying fascia. With a long blunt-pointed cutting forceps and the use of the index finger the abscess was reached and opened. It discharged copiously, the pus being of a very offensive character. Warm water was then used in flushing out the cavity until it returned free from pus. The child was then turned on her left side, and an incision, through the skin and fascia, made along the external margin of the quadratus lumborum muscle, midway between the inferior boundary of the kidney and the crest of the ilium.

The index finger of the right hand placed in the anterior opening acting as a guide, the blunt pointed forceps were again used, and the two tracts connected.

A blunt spoon-curett was now applied, and the pelvic portion subperitonial, was thoroughly scraped, a large quantity of broken down tissue being removed. A large drainage tube, running from the back to the anterior opening, being inserted and secured by a silver wire stitch at both ends, warm water was freely used to wash out the cavity, after which thick compresses of absorbent antiseptic wool were applied, and the child placed in the cot. In one week convalescence was established, the thermometer never having risen above 101°. Two weeks later the child was discharged cured.

Mr. Owens' remarks upon his method of treating Ilio-Pelvic Abscesses were thoroughly appreciated by those who had met similar cases but who lacked the courage to treat them in so heroic a manner.

He said that the profession had for ten years temporized with abscesses in this place: First, by watching for pointing of the abscesses externally and using so sparingly the lancet—later the aspirator through the needle of which only the fluid portion of the pus could pass. Pyæmia almost necessarily followed.

Second, by relieving pain by the use of opiates and abdominal poultices, and waiting until some restlessness or cough would cause a rupture of the walls of the abscess which would discharge preferably through the bowels or the bladder, or, as sometimes happened, burrowed along the sheaths of muscles, forming abscesses in the joint or along the thigh. Formerly, for patients who unluckily had this form of abscess, death from blood-poisoning was almost a certainty.

Mr. Owens bases his success during the past three years upon the following observations:

First, a free anterior opening and a counter posterior opening as a guarantee for perfect drainage, with the patient supine.

Second, free use of the blunt curette to break down and remove the pyogenic membrane and the indurations consequent upon the high grade of inflammation; and the establishment of the warm bath (through the drainage tube) for the relief of the inflammation remaining in the connective tissue. The drainage tube was removed after two weeks from the date of the operation, though pus had not been seen at any time after the first week. I am sure that this surgical procedure will not fail to interest those who have watched such cases through to a fatal termination, and have stood helplessly one side. In cases of small children quite as well as in cases of adults the operation should be carried in mind as one of the new life-saving expedients.

Clinical Reflexes.—By Dr. C. E. Laning.—*1. Conium in reflex vomiting from injury of the cæcum.* That an accurate anatomical and physiological knowledge of the organism with which physicians have to deal is of the utmost importance, will not be denied, and yet how few make any determined effort to acquire such knowledge. Many cases have come to me that I have been able to disagnosticate, and sometimes to cure, which would have been almost impossible for me to do, had I not been familiar with the structure and function of the various tissues of the body, and their anatomical and physiological relationship to each other.

Some time ago a lady consulted me who had been troubled for months with an affection of the stomach. It had been diagnosticated up and down the gamut from gastritis to cancer, including ulceration, catarrh and constriction of the pylorus. The most decided and disagreeable symptom was frequent vomiting, at least it occurred almost always after the ingestion of food. There was little or no pain in the stomach, and but little tenderness on pressure, and that was of such a nature as to make it very difficult to decide whether it was in the viscus itself or in the overlying abdominal muscles, caused by the oft repeated acts of vomiting. Certainly it was not sufficient to warrant the conclusion that there was an inflammation of any of the coats of the stomach. There were no evidences of a tumor of any size or character in the gastric region, and no reason to believe that a perforating ulcer or a cancerous condition was the cause of the difficulty. The patient had lost considerable flesh, but there was no appearance of cachexia. The appetite was good, at times almost ravenous, but this was hardly to be taken as a symptom, but rather as the result of the slow starvation from which the patient was suffering on account of her inability to retain any, or at least only small quantities of food. Occasionally she would retain and digest a full meal, but always on taking the next one there would be vomiting, as usual, to which would be added an attack of diarrhœa, short in duration but always sure to appear under the above circumstances. This diarrhœa almost invariably set in simultaneously with the vomiting, that is, immediately after the ingestion of food.

As has been stated, very nearly all imaginable affections of the stomach, which might give rise to vomiting, had been diagnosticated and presumably treated, and yet not the least benefit had been derived from any physician consulted. I truly felt that I had a difficult case before me, and one upon which a careful physical examination seemed to throw no light. Careful questioning and examining for cerebral or spinal symptoms gave only negative results. I admit that I was entirely *nonplussed* until the patient said what she did about very exceptionally retaining and digesting a full meal, although the next meal was sure to be followed by vomiting and diarrhœa. The significant point in the statement was that the loose evacuations occurred immediately, that is within a few minutes, after taking food. Having ascertained this fact, I at once made pressure over the colon, commencing at the hepatic flexure and passing downward to the right inguinal region over the cæcum. When I reached this point she complained of a dull pain upon firm pressure, and began to vomit. This of course settled the location of the lesion, but not its nature or the means of cure.

It may be questioned why I directed my attention to the colon, after hearing the last symptoms mentioned? Simply because it is a well-known fact that the sympathetic relationship between the stomach and the pancreas, and the stomach and the colon is greater than that existing between any of the other abdominal viscera. Close observation has verified this statement a number of times, and when in diarrhœa there is present, as a symptom, urging to start immediately after the ingestion of food or liquid, it may be taken almost as proof positive that there is a diseased condition of the colon present as a complication, if it is not the sole difficulty. So great and peculiar is this sympathy between these two organs that occasionally in genuine cases of gastritis the tenderness which is presumably always present over the gastric region, in this affection, is for some unknown reason reflected to the colon, and, in a large proportion of cases, to some part of the ascending colon. These points will now make it clear why my attention was drawn to

the colon in the case under consideration. Upon further inquiry I ascertained that, a few weeks previous to the appearance of the gastric symptoms, her little child, a girl some two years of age, had, while in bed with its mother, accidentally kicked her with its heel just over the point (the cæcum) where the present difficulty was located. For a day or two there was some soreness in this region which gradually disappeared, and all feeling of soreness or pain had been absent for ten days or two weeks before the gastric symptom developed. Hence no attention or thought was given to this region nor any mention made of it to the different physicians who had attended her.

Having gained this much insight into the case, my reasoning from the above data may possibly be considered as purely theoretical; nevertheless it was based upon a sound analogy. The blow in the right inguinal region had caused congestion, nay, a low grade of inflammation of the tissues entering into the formation of this part of the intestine. The irritation of the nerve fibres which connect the cæcum and the stomach sympathetically, was not sufficient at the time to produce noticeable gastric symptoms, but later, as a result of the inflammatory action referred to, induration of the tissues affected occurred, consequently the irritation of the nerve fibres, passing into this region, was constant, and hence it soon became severe enough in character to make itself felt in the organ nearest related to it, functionally the stomach. If this reasoning be correct, and the location and nature of the lesion really detected and identified, how shall we cure it?

For indurations, as the result of traumatism, and the nervous reflex phenomena growing out of them, there is no remedy to my knowledge like *conium*. This was given in the sixth dilution on cones, two cones three times a day. In ten days there was noticeable improvement, and in six weeks the patient was discharged as cured, though occasionally up to date, three months from the time treatment was begun, she has had slight attacks of vomiting after having indulged in the luxuries of the table, against which I have warned her in vain. There is undoubtedly a certain de-

gree of sensitiveness remaining at the seat of the lesion, and more or less marked congestion recurs at certain times, largely as a result of improper habits of living. Of course typhilitis is likely to be lighted up in this patient at any time, unless she is exceedingly careful and until all trace of the traumatic lesion disappears.

2. *Reflex digestive and cardiac disorders.*—Speaking of the relationship, functionally of one organ to another, suggests a class of cases which formerly troubled me (and indeed do yet, since they are difficult of cure,) upon which I have seen but little in medical literature. I have had cases of gastric catarrh with its accompanying indigestion, intestinal catarrh and the consequent imperfect intestinal digestion and absorption, with the concomitants of more or less pain, the formation of gases and a dull frontal headache. In addition to the above, I have had to deal with an hypertrophied liver or spleen, and the concomitants resulting, also hæmorrhoids and symptoms of uterine congestion, as leucorrhœa, and a dull aching in the vagina and vulva.

Unless one is thoroughly familiar with the relationship of all these parts to the heart, not through the nervous system directly, but by means of the great venous channels, he can not understand how these various symptoms may arise from one cause, viz., weakness or failure of the right ventricle, nor will he otherwise be able to apply in a practical, clinical way the treatment that such cases demand.

That the matter may be clear, I will rapidly review such anatomical and physiological points as seem necessary. Let us start from the heart. The venous blood, which has been gathered from the lower extremities, and all the abdominal and pelvic viscera, ultimately enters the right auricle through the inferior cava. In case the right ventricle is weak, it will not clear itself of blood as rapidly as it should, and hence the right auricle will be overdistended. As a consequence the flow of blood through the inferior cava is retarded. Let us follow it downward and note the results of this checked flow. First we find, entering it just below the diaphragm, the hepatic veins, three or four in number. Through these vessels all the

blood that has found its way into the portal system passes into the cava and thence to the heart. It is evident that if the flow through the cava is interfered with, the whole portal system will be involved. A venous hyperæmia of the liver at once results, which of necessity interferes with the functions of that organ, and because of the venous engorgement, if long enough continued, more or less hypertrophy will result. If this condition continues beyond a certain length of time, there occurs what might properly, I think, be called a pseudo-hypertrophy of the liver, analogous to the disease of the muscles designated by this term. This venous engorgement interferes with the circulation of blood through the hepatic artery, the source from which the liver derives its nutrition. Under such conditions the inferior or less important histological tissues of the liver, as the connective tissue, take increased growth, while the more highly organized tissues which enter into the formation of the hepatic cells and elements that give to the organ its functional activity will be atrophied to a corresponding degree. Such a result follows only in extreme cases, but it most certainly is the occasional outgrowth of a weak heart, which, as an etiological factor has probably been overlooked.

Having the stasis in the liver, produced in the manner already described, it is easy to see how a similar state of things occurs in the stomach, for the gastric vein, which carries the venous blood from the stomach, empties directly into the portal vein. This is also true of the splenic and the mesenteric veins which take up the blood from the large and small intestines. It will be readily seen that stasis in any of these different vessels must affect the tissues which they drain. The spleen, having an important relationship to the stomach as regards the formation of pepsin, in the peptic glands of the latter organ, assists materially in causing the indigestion, which is sometimes the outgrowth of a weak heart. That gastro-hepatic or gastro-intestinal diseases may cause the heart to be so affected as to simulate heart disease, is well-known and generally recognized; but that functional heart disease sometimes causes most obstinate gastric or he-

patic derangement, to say nothing of the other more rare com plications, is not generally taken into consideration in the treatment of such affections. It is not necessary to go further into detail to show how rectal, vesical, uterine, vaginal or ovarian symptoms may result from a weak right heart; it is certainly sufficient to know that such a condition of the central organ of circulation interferes more or less seriously with the ingress and egress of blood from all these various organs.

The etiology of a case is sometimss the most important point to ascertain, at least so far as the therapeutics of the case are concerned. There are many who will inquire into this matter always to the extent of asking whether the patient has been exposed to a draught after being overheated, or if they have been drenched in the rain or got their feet wet, but beyond these few profound questions, seldom pay any attention to the etiology of disease. To treat a patient scientifically and successfully, we should know as near as possible the cause of the symptoms present, as well as the cause of the lesion that gives rise to them. This is the first case cited, had I not discovered the location of the lesion which gave rise to the reflex gastric symptoms, the most prominent and apparently important ones present, I could neither have made an intelligent diagnosis or prognosis; and had I not further learned that traumatism was undoubtedly the etiological factor in the case, I could not have arrived at any satisfactory conclusion as to the pathological condition present, nor have made a prescription which had the least semblance to a scientific one. Had I not known the intimate relationship existing between the colon and the stomach, I could not have interpreted the subjective symptoms given in such a way as to locate the lesion in the colon. Had I not studied something outside of the lids of a materia medica, I could not have had any conception of the morbid condition which had resulted from the blow, nor have been able to apply the knowledge of remedies gained from a study of materia medica in a successful manner.

In the case of those disorders which are dependent upon a weak heart, either the right or left, it is of course absolutely

imperative that the physician make himself master of the remedies acting upon the different portions of the heart, and their special indications. From a careful study of the subject I am convinced that the more we individualize the greater will be our success. Thus, some remedies act upon the ventricles and some upon the auricles. It is evident that partial failure of the right ventricle, will produce many of the symptoms which result from a weak right auricle, or from deficient action of the left auricle or ventricle, and to make a successful, scientific prescription,, *i. e.*, one which is curative in the strict sense of the term, we must distinguish between affections of the different heart-chambers, and not give drugs which simply have a general stimulating action upon the cardiac muscle, or muscles, as it should be called, for there are, correctly speaking, at least four muscles in the heart.

In reflex affections of the abdominal or pelvic viscera resulting from a weak right heart, I have found the principal remedies to be *gelsemium* and *eupatorium purp.* The *gelsemium* more particularly for a weak auricle and the *eupatorium* for a corresponding condition of the ventricle.

The careful study of the relation of the parts of the economy, one to the other, in a physiological and pathological way, even more than their mere anatomical relationship, will, I believe, when added to the knowledge of the treasures contained in our Materia Medica, go a great way toward making medicine a science, instead of simply an art, as it must be called at present.

A SUCCESSFUL PERINEORRHAPHY, FOR COMPLETE RUPTURE, TEN YEARS AFTER THE OCCURRENCE OF THE LESION.—BY H. I. OSTROM, M. D., SURGEON TO WARD'S ISLAND HOSPITAL, TO THE HAHNEMANN HOSPITAL, NEW YORK, TO THE HOUSE OF THE GOOD SAMARITAN, ETC., ETC.—The following case was referred to me by my friend, Dr. E. Guernsey. The lady, forty-nine years of age, was married when thirty-eight, and when thirty-nine gave birth to her only child. The labor is not recorded as of particular severity, but during it the perineum was completely lacerated, the recto-vaginal septum being

torn for two and a half inches. An attempt was made soon after confinement to close the laceration. The operation resulted in a failure, leaving at the apex of the rent a large fistula. In this condition she came under my care. I found her extremely emaciated and anæmic. Locally there were marked proctitis and ulceration of the rectum, accompanied with a constant desire for stool, and the passage of large quantities of mucus. There was a very decided rectocele and falling of the entire pelvic floor. The perineum, including the anal sphincter, was ruptured for two inches, the original tear having involved about two and a half inches of the recto-vaginal septum, as shown by the old cicatrix, and at the upper angle of this a fistula remained, through which fæces and flatus passed. There was no control of the bowels. The posterior section of the anal sphincter had become atrophied to such a degree that it was difficult to excite contraction of its fibres.

Preliminary treatment was directed to the inflammation and ulceration of the rectum, for until these were reduced an operation would have been futile. My practice in such cases is to insist upon absolute rest in bed. The better to accomplish this, Mrs. B. was admitted as a private patient to the House of the Good Samaritan. The principal remedy in her case was *Podophyllum*, and locally, iodoform suppositories. She was placed upon a strong, but liquid diet.

Three weeks of this treatment had so far improved her general health, and the condition of the rectum, that I operated on the perineum at the expiration of that time. The operation was an unusually difficult one, owing to the length of time that had elapsed since the puerperal lesion. I made the butter-fly operation, but prolonged the posterior denudation into the vagina, beyond the limit of the fistula—which of course was cut out—with the purpose of operating upon the rectocele at the same time that the perineum was repaired.

The fibres of the sphincter ani were found only after tedious dissection. The perineum was closed with eight silver sutures. The bowels were moved on the fifth day. The sutures were removed on the tenth day. A firm perineum

was found to have been formed. The sphincter, though divided for ten years, had united sufficiently to give control over the bowels. The rectocele had disappeared, and the rectum seemed perfectly healthy.

Occasionally when perineorrhaphy fails to renew union of the fibres of the anal sphincter, and when a good recto-vaginal septum is formed, this septum will in time become so much contracted as to present nothing more than a thin dividing wall. Practically the operation must then be counted a failure, save in respect to separating the rectal and vaginal canals. In the present case no such shrinking of tissues has taken place; there seems on the contrary to be a disposition for the new parts to grow stronger, and increase their support of the pelvic floor. Since the operation, now seven months, the lady's health has rapidly improved. There is perfect control of the bowels, and the distressing tenesmus, which had existed for several years, has entirely disappeared.

Clinical Items.—The experiments of Bonnal upon the mode of death from heat show, among other facts, that the rise of the temperature in acute fevers should be considered as an *effect* and not as a *cause*. In a word, it is only a *symptom*.——The efficacy of baths, especially in typhoid fever, is due to their direct action upon the nervous system which they influence in a favorable manner, and which, for a longer or shorter period, they cause to act normally.——Germain See proposes the hypodermic use of antipyrine as a substitute for morphine, and as a prophylactic of the opium habit. He insists that in many cases it is not only calmative, but is curative where the opium salt has no influence over the course of the disease.

Miscellaneous Items.

The Winter Course in the "Old Hahnemann" will open on the 20th———Profs. Hawkes, Vilas and Bailey are at home and at work again———Dr. Bain, house physician at the hospital is off for a brief holiday, Dr. Hoefle, house surgeon, having returned———By a stupid oversight the name of Prof. Watry was omitted from the list of the Hospital Faculty, as published in our College Announcement. He is the earnest and excellent colleague of Prof. Vilas, and the class will get the full benefit of his practical teaching———The *Pathology and Physiology of Diabetes*, by Prosper Bender, M. D., a reprint from the transactions of the Massachusetts Homeo. Medical Society, is thankfully received; ditto a dozen other monographs that are less brainy and more bumptious———The *Medical Advance* notes the sudden death of Dr. Titus L. Brown, of Binghampton, N. Y.; and the *Medical Era* that of Dr. Frank H. Newman, of this city, both of whom were struck down with apoplexy———The bureau of Clinical Hygiene, Prof. Gilman, Chairman, will report at the next meeting of the Clinical Society———The overflow of material for this issue has crowded out Prof. Hawkes' Hospital Notes, but they will keep———The "Order of Lectures, Clinics and Sub-clinics" in the Hahnemann College and Hospital for the coming winter can be had of Prof. Bailey—In these early days of September there is a great scrambling for reserved seats in the clinical amphitheatre———The Homœopathic Medical Society of Pennsylvania meets at Pittsburgh, September 20, at which time and place also the fiftieth anniversary of the introduction of Homœopathy west of the Alleghanies will be duly and properly celebrated———Bernay's new operation for hernia, which consists in the subcutaneous tenotomy of Poupart's ligament, is fast becoming popular———The latest thing in the present craze for surgical operations is the proposal to remove the bladder for cancer of that organ, and to avoid any consequent urinary mischief by implanting the ureters in the rectum.